

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11	/						61				
12	/						62				
13	/						63				
14	/						64				
15	/						65				
16	/						66				
17	/						67				
18	/						68				
19	2						69				
20	2						70				
21	2						71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	2						TOTAL DEP.				
TOTAL CLAIMS	24						TOTAL CLAIMS				